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Application Number	Filing Date
10/685263	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep							Total Indep	2					
Total Depend							Total Depend	38					
Total Claims							Total Claims	40					

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